

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009189

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 16

FILED FEB 16 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RICHMOND HEIGHTS DAYS

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. MARY'S HOSPInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY

c. CITY OR TOWN ST. LOUIS, MO

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
14 WASHINGTON TERRACEReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MARY

JANE

HICKMAN

## 4. DATE OF DEATH

Month

Day

Year

JAN

1

1962

5. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
8/23/19069. AGE (last birthday)  
55IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
AT HOME10b. KIND OF BUSINESS OR INDUSTRY  
HOUSEWIFE11. BIRTHPLACE (City and state or country)  
CHICAGO, ILL12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

GUY H. RUMPF

## 13b. MOTHER'S MAIDEN NAME

GERTRUDE SLABLE

## 14. NAME OF HUSBAND OR WIFE

ARTHUR R. HICKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

ARTHUR HICKMAN 14 WASHINGTON TERR

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RHEUMATIC HEART DISEASE

INTERVAL BETWEEN  
ONSET AND DEATH  
20 YRS?Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

MITRAL STENOSIS & REGURG & AORTIC  
STENOSIS & REGURG.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour e.m. p.m. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/10/61 to 1/1/62 and last saw her alive on 1/1/62  
Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

T. M. Schell M.D.

## 22b. ADDRESS

111 N. Kirkwood

## 22c. DATE SIGNED

1/2/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
CREMATION

## 23b. DATE

1/3/62

## 23c. NAME OF CEMETERY OR CREMATORY

OAK GROVE CREMATORY

## 23d. LOCATION (City, town, or county)

ST. LOUIS CO, MO

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

C. R. LUDSON &amp; SONS

7235 DELMAR

## 25. DATE RECD. BY LOCAL REG.

1-2-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

HAMILTON,

COUNTY

DR SCHEELE

411 N. KIRKWOOD

RD

YO-S-7801

1-5 P.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence A. Murray  
Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.